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Social damaged women: A Qualitative study in Tehran, Iran

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General Note

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ABSTRACT

Social damage etiology in women is multi factorial. Nowadays, the variety of social damages and at risk people have changed and increased. The purpose of this article is to determine the effective factors on damage in the social damaged women in Tehran. Qualitative method was utilized. Two focus group discussions (FGDs) and eighteen semi-structured in-depth interviews were conducted with SDW, 15-45 years old, at shelters and harm-reduction drop-in-centers in Tehran between February to May 2013. Participants were selected by purposeful sampling. All interviews were recorded and typed word for word. Data was analyzed using content analysis approach. The mean age of the participants was 30 years; all of them had at least elementary school education. All women in the study were sexually active. The majority of participants were divorced, and 88 % of them were addict. Three of the

drug abuser were injection drug users and infected with HIV and three of them were infected with hepatitis. Two-thirds of participants were homeless and more than two-thirds of them were prostitutes. Findings of this study can be grouped in two main categories: social and personal factors. Social factors include family factor, inadequate training, the role of high-risk bystander and community factors. Personal factors include personality characteristics, non-favorable healthy background, previous high risk experience, factors related to individual's perceptions, and demographics. To protect vulnerable women from social damages, a realistic prevention planning is needed to provide support for those more susceptible to harm, and to provide them with education and employment, as well as guidance for them to become self-sufficient and independent. This plan will also help to recognize the talents and capabilities of these vulnerable women and guide them to better utilize these capabilities.

Keywords: causes, qualitative research, social damages, women

1. INTRODUCTION

Population growth, social restrictions, urban development and urbanization, poverty, modernism, rising divorce rate, domestic violence, and weakening of religious values are among important factors causing social damage[1]. Social damage happens as a result of a host of factors including individual factors, such as age[2], education[3], social identity, and most importantly, the environment in which the person lives[4], as well as poverty, gender discrimination, and lack of, or inappropriate, social services[2]. The environment, and the community where the person lives, have a very important role in crime and delinquency cases[4]. Compared to men, women are more at risk of abuse, discrimination and social damage due to biological, psychological, and social reasons[5]. Iran's particular social and cultural milieu exacerbates this issue[6]. Socially damaged women (SDW) in Iran include sex workers, drug addicts, homeless, and victims of violence. According to Iranian Welfare Organization 2011 statistics, family conflict is one of the crucial factors in occurrence of street women phenomenon [7]. Some studies have shown that addiction in the family[4], divorce[8], family chaos[9], and living in risky neighborhoods[4] are all influential factors in prostitution. Published reports indicate poverty lack of access to basic necessities of life are the main causes of prostitution[10]. Divorce and family chaos, marginalization, migration, illiteracy, ignorance and addiction also add to this problem[11]. Gender, intention to drop out from school, family structure, low self-esteem, and emotional issues are the most important predictors of risky behaviors in adolescents [12]. A qualitative study from Brazil suggested that family factors may be important determinants of drug use among low income young people [13]. Drug dependent parents are more likely to suffer from psychiatric and mood disorders which incapacitate and prevent them to exhibit proper childrearing techniques, and to be receptive to the needs of their children. As such, parents' behavior can engender mood disorders and behavioral problems in their children. Living in a single parent household due to family transition has the concomitant effects of increased drug abuse and delinquency. These delinquent behaviors include theft, graffiti, vandalism, sale and distribution of illicit drugs, among other offenses[4]. Hoffman and Johnson (1998) asserted that youth from two parent households reported fewer drug use and delinquency than youth from single parent households[14]. Studies have shown that social pathologies are synergistic. Breakage in family and community increases severity and extent of other damages. In Iranian society, social damage is visible and tangible and has become a common part of the daily life, which was previously unknown. This situation represents a social damage crisis in Iran, which if not addressed seriously, will possibly lead to destruction of foundations of the society and collapse of social system [7]. Despite evidence that macro- and micro-variables contribution to social damage, much ambiguity remains as to the exact mechanism and impact of these variables (measured separately and simultaneously) in producing previously mentioned outcome behaviors[4]. Socially damaged women are a hidden layer of the Iranian society. Unfortunately no qualitative study has been carried out about the causes of women's social damages. Present study aimed to explore the causes of social damages in women of Tehran, Iran.

2. METHODS

Qualitative research methods were used to explore the effective factors on damage in the social damaged women in Tehran. Qualitative research is a form of scientific inquiry that spans different disciplines, fields, and subject matters, and is comprised of many different approaches. Qualitative methods can be used to understand complex social processes and to capture essential aspects of the phenomenon that underlies individual health behaviors from the study participants' perspective. [15].

Participants were selected from "socially damaged women" (SDW), defined as drug addicts, homeless, sex worker, and victims of violence. SDW are highly stigmatized in Iranian culture, and therefore considered to be a hard-to-reach population. Participants were recruited from two shelters and three harm reduction drop-in centers (DICs) in Tehran. There are a number of harm reduction drop-in centers for women in Tehran. The drop-in centers provide primary and preventative healthcare to homeless, drifters, and at-risk population. Target group in harm reduction programs is a hard-to-reach population. General objectives of drop-in centers are to reduce the burden of health effects caused by substance abuse in high-risk drug users, improve quality life in drug users, to create a context for high-risk drug users to be able to return to families and community, and to break the addiction - poverty–homelessness cycle.

Eighteen in-depth interviews were conducted with SDW from February 2013 to May 2013. In-depth interviews lasted between 34 to 87 minutes (average 58 minutes) and in two cases, interviews were repeated to confirm responses given by the participants, to

make sure that their replies were in line with the concepts emerged based on their feedback. To fulfill inclusion criteria, study participants had to be 15-45 years of age, Farsi speaking, Iranian and residents of Tehran, and interested in participating in the study. Purposive sampling with maximum variation sampling was used in order to maximize the range and diversity of the sample according to age, education, marital status, imprisonment record and risky behavior. All interviews were conducted by a female interviewer in a private room using a semi-structured interview guide consisted of open-ended questions to allow respondents fully explain their family and life. The interviews were carried out in Persian by the first author. Recordings were transcribed verbatim and analyzed consecutively. Consistent with national expectations concerning appropriate remuneration to participants in research studies in Iran, each study participant was given a gift. Data collection and analysis were done simultaneously according to content analysis method. The transcripts were manually coded and grouped into categories to explore the initial themes. The analysis of the data was conducted using transcripts by the first author. The data were further explored, using content analysis, for the identification of recurring themes. Transcripts were read several times and coded, and emergent themes were identified. Theoretical saturation is when repetition and redundancy is observed. Data reaches saturation when subsequent new information tends to confirm existing classification themes and new discrepant cases stop appearing [16]. In this study, theoretical saturation emerged when coding of the eighteenth participant was completed. Extended interaction between researchers and participants and sufficient time devoted to data collection were important factors for ensuring data validity. In addition to main researchers, all other team members actively participated in all stages of the project. Three randomly selected participants were given a full transcript of their coded interviews with a summary of the emergent themes to determine whether the codes and themes matched their points of view. These participants provided feedback and all confirmed the concepts and themes developed by the research team. In order to assess the reliability of data, seven of the interviews transcripts, codes, and categories were rechecked by the study team and a hisgh level of agreement was noted. Disagreements between the researchers were resolved by group discussions. Aside from the research team, results were also checked with qualitative research experts, who confirmed the fitness of the results. In order to ensure credibility of data, the whole process of research such as methods for data collection and analysis, and opinions of supervisors and researchers were systematically collected and submitted for review by a qualitative researcher in the field of high risk sexual behaviors. In order to increase transferability, the researcher documented the steps followed in the research and it was decided that these be saved for other researchers to use in future studies. Confirmability was enhanced by taking detailed field notes and making them available for audit checks and verification by researchers experienced in qualitative data collection and social issues. For dependability the raw data and the data analysis process were scrutinised by an external reviewer, namely the supervisor. An audit trail was established to enable others to judge this study for its dependability.

Participants were provided with information regarding the purpose and background of the study and were informed that participation was voluntary and that they may withdraw from the study at any time. Participants were promised that all data collected would remain confidential. Interviews were conducted anonymously and without taking photos. Those who agreed to participate in the study were each asked to sign an informed consent form. All interviews were transcribed the day of record. After transcribing, all recorded interviwes were destroyed. Scientific research committees of Shahid Beheshti University of Medical Sciences and Avicenna Research Institute as well as Ethics committee of Avicenna Research Institute approved the study.

3. RESULTS

Social and demographic characteristics of interviewees

The ages ranged from 17 to 42 with majority being in their twenties and thirties; all of them had at least elementary school education and were sexually active. The focus group participants ranged in age from 15 to 40; 5 participants were married; and the majority of them (12) had middle school education. Participants' demographics and behavioral characteristics are shown in Table 1.

Table 1
Demographic and behavioral characteristics of in-depth interview participants

Variable	SDW (n=18)		(%)
Age (years)	<20	(2)	11.1
	20-30	(7)	38.8
	30-40	(7)	38.8
	>40	(2)	11.1
Marital status	Single	(1)	5.5
	Married	(1)	5.5
	Widow	(1)	5.5
	Divorced	(14)	77.7
	Separated	(1)	5.5
Education	Primary or iddle School Education	(11)	61.1
	High School & Diploma	(5)	27.7
	Higher Education	(2)	11.1
Imprison record	Yes	(12)	66.6
	No	(6)	33.3

Table 1
Demographic and behavioral characteristics of in-depth interview participants

Variable	SDW (n=18)		(%)
Drug abuse	[a] Yes	(16)	88.8
	No	(2)	11.1
Homeless	[b] Yes	(12)	66.6
	No	(6)	33.3
[c] Sex worker	Yes	(17)	94.4
	No	(1)	5.5

[a] Two of the drug abuser were injection drug users.
[b] More than half of homeless lived in shelters and three of the interviewees lived in parks.
[c] exchange of sex for money, drugs, or other goods and services

Findings of this study can be grouped in two main categories: social and personal factors. Findings are shown in Table 2.

Table 2
Causes of social damages in women

1. Social factors
- Family factor
- Inadequate training
- The role of high-risk bystander
- Community factor

2. Personal factors
- Personality characteristics
- Non-favorable heal background
- Previous high risk experience
- Factors related to individual's perceptions
- Demographics characteristics

1. Social factors

Based on the analysis of the participants' comments, four subthemes, family factor, inadequate training, the role of high-risk bystander, and community factor, have been explored.

1.1. Family factor

This theme consisted of subthemes such as poor family structure, poor family functioning, and dysfunctional relationships in the family.

1.1.1. Poor family structure

Among some study participants, family structure was broken and had potential features for risky behaviors. Parents' separation or remarriage, loss or death of a parent, low parental education, parental substance abuse and addiction, imprisonment, or illness; all disrupted strong family ties and resulted in a malformed and defective family organization.

1.1.2. Poor family functioning

This category includes three themes of excessive parental control, insufficient emotional support, and insufficient financial support.

1.1.3. Dysfunctional relationships in the family

The family atmosphere was mostly tense and brimming with struggles and fights. Participants identified violence, parents' temper tantrums, and physical punishment as negative contributing factors. In these families the relationships between parents and children were broken which lead children to engage in risky behaviors.

1.2. Inadequate training

Inadequate training includes lack of education in family, lack of education by mass media, lack of education in community, and education by peer. Participants in this study stated that the status of education [and providing public trainings] in our country is not desirable; and publicity about AIDS is also short-term and cross-sectional. According to the existing data, there are educational

restrictions in the educational places such as schools and universities. These restrictions have limited educations and notification about this illness to the younger generation due to the cultural and conventional concerns of our society. High-risk behavior stigma has made people not to have any incentive to get information in this regard which makes the notification process more difficult. Since these people belong mainly to the social class with low level of education, one can expect that they have not received any training about sexually transmitted infections and their predisposing factors, and generally are away from the education system of the country.

1.3. The role of high-risk bystander

The role of high-risk bystander includes role of husband, family member, sexual partner, relative, and friends. The majority of these individuals were associated with high-risk behaviors in the family showing a great role of family in the formation of patterns in children. The negative influence of parents and other family members, who are the first behavioral patterns for a child, can be seen in such families. Most participants stated that they had human patterns with high-risk behaviors in their families and thus, they have followed their behaviors. The specific impact of high-risk behaviors of parents, especially addiction of parents, is obvious in this field.

Encouraging or urging or suggesting for having high-risk sexual relationship by the sexual partner was one of the other issues raised by the participants which mainly begun with an ordinary friendship. After a while, with the development of emotional attachment, having sexual relationship was raised by the partner. Sometimes passion and love, and trust in the partner or beauty of the partner were the reasons of sexual relationship. For some participants, there was a history of the high-risk behavior among close friends. Group of friends is one of the factors to which there is a strong tendency to follow. Friend's compliments put an individual under pressure and when he/she does not have enough skills, then the necessity of being frank, the fear of peer judgment, having unfavorable family condition and insufficient supports will lead him/her towards the high risk behaviors. They generally say that they committed the first risky behavior encouraged by and under the pressure of their friends and also under the influence of their peers with high risk behaviors. In general, they have first committed these behaviors in a friendly gathering place. But over time, the incentives of that individual play a more prominent role in the development of high-risk behaviors. Availability of the risk factors, such as drugs, or stimulants and a private place for having sexual behavior are among preconditions and enabling factors for the high-risk behaviors. This means that with availability of a private place, the incidence of high-risk behavior is increased. This issue is more prominent about sexual behavior. Also, ease of having sexual relationship provides the possibility of these relationships; and access to drugs and stimulants are of necessary factors for committing high-risk behaviors.

1.4. Community factor

This theme consisted of subthemes such as inappropriate society conditions, dysfunctional society, and inefficient social services. Easy drugs dealing and the possibility of convenient access have provided the conditions for access to them. Staying away from the family could also be an underlying factor for the high-risk behavior. Living in a poor neighborhood full of drugs, stimulants and addicts also speaks of the influence of the social environment. Due to the low socioeconomic levels, these individuals typically lived in crowded and poor neighborhoods of the city. These neighborhoods are full of people who can be unhealthy.

2. Personal factors

Based on analysis of the participants' comments, five (5) subthemes emerged: personality characteristics, non-favorable healthy background, previous high risk experience, and factors related to individual's perceptions and demographics characteristics.

2.1. Personality characteristics

Having a sense of superiority, arrogance, and avarice were of the personality traits of these individuals. Also, they were mostly people who had left anything unfinished and did not adhere to their social duties. They tended to get anything easily. Aggression, stubbornness, and being evil were of other characteristics frequently mentioned; so that even in some cases they abused the drugs to do more evils. Conflict and strife were among the features of these individuals leading to harassment to others and destroying the public property. These individuals admitted their feelings of helplessness and weakness which can determine the root of the behaviors of individuals. There was a sense of inferiority in these people and they were willing to compensate for this feeling through committing high-risk behaviors. They introduced themselves as individuals with personality weaknesses and admitted that they have thrill-seeking, adventure, variety seeking, and pleasure-seeking features. With these features, even married individuals did not adhere to their marriage and ultimately conflict and separation was the result of their marriage. Suspicion and revenge, especially in people who had been raped as a child, were reported. The history of childhood sexual abuse was led to the formation of vengeful character and making up for it in other people.

2.2. Non-favorable heal background

This theme includes codes for: physical disease, mental, emotional, and psychological problems, feeling lonely, being isolated, history of mental disease in adolescence, gender identity disorder, and dependence on risky behavior. In some cases, due to their physical condition, such as relief of pain, including toothache, pregnancy, bladder pain, premenstrual syndrome pain and delayed gratification, they were using the drugs.

2.3. Previous high risk experience

School dropout, poverty, homelessness, early marriage, living apart from family, immigration and mental disorders, such as self-harm, depression, obsessive-compulsive behavior, as well as a history of mental illness since childhood, were observed in participants. Some had a history of psychiatric hospitalization which shows the issue of having healthy spirit and mental to deter high-risk behavior. Spiritual-emotional void was one of the other items mentioned. They were filling this void with high-risk behavior and seek the love of others. Most participants had experienced teenage friendship with the opposite sex. Some of the young participants were seeking the approval of opposite sex and prove themselves to their peer fiends through friendship with the opposite sex. Most participants had experienced juvenile institution, and the prison following the commitment of high-risk behaviors such as drinking, drug use or free sexual relations. The majority of participants had experienced sexual abuse in childhood and adolescence. In this study, sexual abuse ranges from fondling to sexual relationship. Most participants had been sexually harassed by their fathers, brothers and relatives. In all cases, sexual harassment made by their fathers or brothers caused them to run away from home and placed them on a bed of high-risk behavior. In some cases, the subjects of sexual violence suffered a range of mental and behavioral disorders and in some other cases, people who were victims of sexual abuse in childhood and adolescence attempted child sexual harassment. Some participants had experienced mental and emotional abuses by their family which caused resentment of the family, stubbornness and high-risk behaviors. Because they believed that with this action, their parents have used them as a means to achieve their desires. The phenomenon of running away from home due to excessive monitoring, parental violence, sexual abuse, dependence to the opposite sex, drug abuse, multiple marriages of mother, was seen in abundance among the participants. In fact, running away from home has made them vulnerable to risky behaviors such as living in another city, living in the house of strangers, being homeless, becoming familiar with the drug, becoming familiar with professional mediators of sexual relationship, having sexual relationship, drugs sales, theft, imprisonment and admission in the Center for Rehabilitation and Education. A history of delinquency and criminal records was observed in these individuals; so that they had been frequently imprisoned for the high-risk behavior, selling and carrying the drugs, free sexual relationship or robbery for covering the drug procurement costs. Since most of the participants' families were in poor economic condition, they were forced to work outside the home from their childhood and adolescence. Since children cannot take care of themselves, in some cases, working as a child was led to sexual harassment or violence. Sexual violence contributed to the persistence of this kind of high-risk behaviors and other risky behaviors. Two of the participants had been sold to other families to do the work in return for a small fee. Divorce was a very common phenomenon among this population. Due to bad family condition, poverty, lack of emotional support and running away from the problems of the family, they accepted to have very poor and fragile marriages. In some cases family members had forced them into unsuitable marriages. Like the links of a chain, poverty, unemployment, being divorced and immigration push individuals towards high-risk behaviors. Another risk predisposing feature was the low age. Starting high-risk behaviors from an early age perpetuated the high-risk behaviors. In some cases, high-risk behavior was started around the age of 10 and continued. These people were mainly those who had left school and had not busy minds because of not being involved in studying and gaining knowledge. Therefore, they had more leisure time or were unemployed or they have become unemployed because of their disease or addiction.

2.4. Factors related to individual's perceptions

This theme consisted of subthemes such as inadequate knowledge, low perceived sensitivity, and low perceived efficacy. It could be said that perceptions were formed as the result of predisposing personal characteristics and the consequences of protection failure with them these individuals were faced. Most of these individuals did not have sufficient awareness of sexually transmitted diseases, high-risk behavior and its consequences. They only knew the name of HIV and hepatitis and did not have sufficient knowledge to prevent sexually transmitted infections because of lack of education. Incorrect perceptions about ways of getting diseases were prevalent among participants caused by the low awareness of high-risk behaviors and their consequences. Incorrect perceptions about disease transmission caused high-risk behavior leading to sexually transmitted disease. Most people believed that drugs injection and infected needles are the causes of AIDS and also believed that they are not exposed to this disease solely because of not having the history of drug injection. Some participants had incorrect beliefs about AIDS that could underlie the disease. For example, they thought that the temporary marriage (concubine) is a barrier to the transmission of sexually transmitted infections and they thought that there is no need to protect themselves against infections during their frequent temporary marriages. Most of the participants had inappropriate perceptions about vulnerability to risk behaviors and sexually transmitted infections leading to the establishment of high-risk behaviors such as sex with a partner with HIV, unprotected sex, sexual relations with multiple partners, sexual relationship with men having multiple sexual partners, sexual relation with gay men, and drug abuse. Due to the lack of awareness, most of these individuals did not understand the risk of high-risk behaviors and were not afraid of catching the disease. Some participants were aware of the diseases, but they did not take them seriously. This had caused two participants to contract HIV. In some participants, negligence had been the cause of risky behavior leading to STIs. Negligence and disregarding for the health indicate the risk and low perceived sensitivity.

2.5. Demographics

This theme includes age, education level, marital status, unemployment, birth order, and family size.

3. DISCUSSION

In this study causes of social damage in women of Tehran include social and personal factors such as family factor, inadequate training, the role of high-risk bystander, community factor, personality characteristics, non-favorable heal background, previous high risk experience, factors related to individual's perceptions, and demographic characteristics.

Studied have shown that social networks, psychological factors, and personal experiences were among factors that can affect the high-risk behavior of drug abuse. Participants did not have a good relationship with their parents, and contention and argument were common methods of communication. All the individuals in this study had experienced parent's divorce or single parenting. Research shows children and adolescents in nuclear families have more economic resources, parental interaction, and emotional support [17-19], as well as access to health services [20]. Clearly children of divorced parents were more vulnerable and suffered more emotional, mental, and social pathologies. As observed in some studies, single-parent adolescents or those who experienced their parents repeated marriages, had greater tendency toward high risk behaviors such as taking drugs, illegal sexual relationships, and sexual relationships with several partners [21-24]. Children in single-parent families experienced more traumatic events and higher levels of conflict as compared to those in nuclear families [18] Recent studies indicate that single-parenting is positively correlated to delinquency, depression [25, 26], problems at school [25], and illicit drug use [19]. In fact divorce, by weakening the institution of family and damaging the relationships between parents and children, as well as by abolishing the social adequacies, leads to an increase in high-risk behaviors (such as misdemeanors, felonies, murder, illicit drug use, and committing suicide) in children and adolescents [8, 27]. Presence of an addicted parent at home serves as an unhealthy behavioral model which leads children toward high-risk behaviors. Studies indicate children and adolescents whose parents use illicit drugs are more likely to use illicit drugs and show a tendency for abnormal behaviors [4, 28]. It appears a range of genetic, educational, and learning factors play key roles in this process [28, 29]. The existence of an addicted individual in the family creats tension at home, family conflicts, decrease in family cohesion, and increase in family social isolation [28]. According to research, authoritarian parenting leads to emergence of high-risk behaviors in children. Parental control is one of the main determinants of prevalence of antisocial and high-risk behaviors in children and adolescents [30]. According to studies, over-involvement of one parent and avoidance or leniency of the other is one of the most important risk factors associated with substance abuse in adolescents [28, 31]. Absence of emotional closeness and lack of parental involvement in children's activities are regarded as social causes of damage to women participating in this study. Emotional support is one of the factors that neutralizes psychological pressures, and shields person from life stresses. Family is one of the most important sources for emotional support. Attachment process defines the sense of safety and security as well as the type of relationships with others in adulthood. People who have insecure attachment are at high risk of depression and anxiety disorders. Mental disorders and repeated failures in relationships predispose these individuals to social pathologies. Families with warm sincere relationship with their children, who treat them respectfully, value them, and provide them with plenty of social support reduce children's vulnerability to life tensions and their tendency to take drugs [28]. Another issue in the present study was poverty and low socioeconomic status in most of the participants' families. Social causation model explains how economic disadvantage and social conditions affect family functioning and children development [32]. In recent studies economic factors were the most important determinants in appearance of behavioral problems in children and adolescents[32, 33]. Costello found that children whose families were lifted out of poverty after a gambling casino opened on an Indian reservation improved in both psychiatric symptoms and conduct problems [33]. Conger argued adolescent's social skills develop less in families with economic difficulties. He explains his claim in the economic model and asserts that economic problems (low income, high debt, low assets value and negative financial events) lead to economic pressure (unmet material needs and unpaid debt). The economic pressures lead to parents' anxiety which creates emotional and behavioral problems in parents. This eventually causes disruption in family relationships, conflict between parents and children, violence, behavioral - emotional problems, and impairment in children's social skills[34]. In SDW, communication between parents and between them and children was influenced by violence and discord which transformed the household from a secure domain to a conflicting and tense environment. Permanent conflict between parents and children increases the risk of substance abuse in children and adolescents [28, 35]. Children grown up in conflicting households are at higher risk of delinquency and drug use. Frequent family conflicts and domestic violence are concomitant with physical and sexual abuse and could lead to inefficient solutions, poor anger management skills, coercive family processes, youth violence, associating with peers with antisocial personality, and illegal substance abuse. Excessive or disproportionate punishment for child's behavior is a feature of poor family management which can create numerous problems for children and adolescents [36, 37].

Most of social damaged women participated in this study were deprived of education and trainings about high-risk behaviors leading to sexually transmitted infections which reflects the policies of the society in the field of AIDS control. The policies should be comprehensive for individuals at risk. In other words, to remedy these deficiencies, educational supports and services to these individuals should be provided by the social services organizations such as Welfare Organization to enable the basis for returning them back to their families to be provided. In order to enhance factors protecting the young people's health and reduce the risks of this disease, politicians need to meet the needs of youths in the fields of information, education and needed services. In this study, most participants had left school and had little education. In fact, they were somehow elusive from the school. Recent studies have shown that the link between school and family provides protection against a wide range of risky behaviors in adolescents[4, 38]. Getting the family support was an important factor which was replaced with other important factors such as having unhealthy friends and peer group and following their behaviors in the present study. Most participants were shown a tendency towards friends. High-risk behaviors were taken place in the group of friends. Gathering of friends provides an ideal place for the high-risk

behavior, so that it acts as the initial behavior and incentive. According to their own individual characteristics and personality and the lack of support, these individuals have tendency towards their friends and seek approval from them. Therefore, they give positive value to risky behaviors and look for compensating their deficiencies by them[39]. Behavioral disorders of peers become evident with drug abuse in youths and adolescents[40-42]. Factors influencing the spread of HIV/AIDS among Botswana students in a study conducted by Seloilwe included alcohol abuse, drug abuse, unprotected sex, frequent change of sexual partners, having sex for money, and peer pressure[43]. In several studies, alcohol and drug use, multiple sexual partners and peer pressure had an impact on the spread of HIV[44, 45]

Personality characteristics are considered as the evident factors for the high-risk behavior and it can be said that they are of the critical factors in high-risk behaviors that show the inner aspect of support. Studies over the past 25 years indicate a relationship between high-risk behaviors and personality type of the risk-seekers; so that a number of studies call it as a predictor of sexual high-risk behavior. Where there is a high risk-seeking behavior, the risk of HIV infection is increased. In the present study, having a predisposing personality was one of the personal characteristics, in a way that most of them had inferiority complex and anti-social personality. Thus, personality traits can affect the decisions of individuals in relation to sex, so that it could lead to other risky behaviors[46].

Some of these people have turned to drugs because of their physical problems and diseases. This case was not observed in this study. It seems that this issue returns back to our culture in which the drugs are considered as pain-relievers or analgesic drugs and it is believed that the drug abuse prevents from diseases. Even in some cases, it is believed that the drugs abuse increase the sexual stamina. In recent years, numerous studies have been conducted on different materials and their effects in the world. No studies have shown that drug abuse has a medical aspect. Also, the history of psychiatric disorders in childhood and adolescence, especially in patients studied was reported frequently. Other studies have also shown that HIV prevalence among people with severe mental illness is higher than the general population[47, 48]. Other studies have also shown that the mental health disorders are associated with HIV risk behaviors, and high-risk sexual behaviors are associated with the drug abuse[49-51]. The history of sexual abuse was one of the features of this individuals leading to psychological problems and running away from the home which made them susceptible to the high-risk behavior and sexually transmitted infections. In the studies, it has been reported that there is a close relationship between the physical, emotional and sexual abuse in childhood and adolescence and high-risk and antisocial behaviors such as violence, drug abuse, and delinquency[50, 51]. Running away from home was strongly associated with dropout, oral sex, and having multiple sexual partners[52].

The present study showed that most of socially damaged women had no appropriate knowledge regarding STIs; high risk behaviour which is consistent with findings in the literature[53, 54]

Knowledge of HIV and STIs exerts a major influence on women's perceived risk, attitudes and behaviors, affecting their condom use and other preventive practices[55, 56]. The results of this study provide supplementary evidence for the critical need to educate socially damaged women about reproductive health issues and STIs.

Risk perception is the first step that distinguishes a high risk behavior from a safer courses of action[57].

The perceived sensitivity to STIs among participants was low, leading to high-risk behaviors regardless of the consequences. All participants were sexually active and most of the them exhibited high-risk behaviors leading to STIs due to compulsive tendencies and low awareness. They regarded having unprotected sex, as well as having sex with several partners, with HIV positive people, in exchange for money and drugs, and with bisexual and multi-partner people as high-risk. Lotfi reported that lack of proper risk perception is a common problem among "at risk" women, which predisposes them to avoid condom use on a regular basis[58].

For the majority of the participants, financial need was the most important reason for having sex: in order to cover the cost of living and drugs and to have a shelter, they felt obligated to engage in high-risk sexual relationships. Financial needs and lack of negotiation skills are considered two major factors that discourage female sex workers (FSWs) from using condoms with clients, even though they have a high level of knowledge about HIV[59].

Unemployment and lack of education were among the main characteristics of these people which still encourage high-risk behaviors; and as unemployment leads an individual to the lower socio-economic levels and financial problems, it could lead towards the delinquency. Delinquency was an introduction to the achievement of high-risk behaviors. They were doing anything unconventional to cover the costs of their drugs. This led to their imprisonment and eventually a vicious cycle. In a study conducted by Shachm et al., the level of sexual high-risk behavior was associated with demographic characteristics of patients with HIV which is consistent with results of the present study[60]

4. CONCLUSION

There is a certain relationship with the level of individual factors and social factors; so that living in vulnerable families was led to the youths who were predisposed to risk-behavior. There is an interrelationship between the family and social supports and individual characteristics. People who have predisposing characteristics are, in fact, deprived of the support; and individuals deprived of the support seek driving features.

LIMITATIONS

Several limitations were recognized in our study. The primary limitation is that SDW are highly stigmatized, and therefore considered to be a hard-to-reach population. In case of reaching these women, due to the sensitivity of the research topic, women did not

cooperate appropriately with the research team. Therefore the researcher was present at the centers for a longtime and held training and consulting classes and treated the SDW. Due to long-term interaction between the researcher and women, participants were willing to participate in the research. Another limitation of our study was participant's full cooperation during the interviews because of addiction to drugs and severe dependence on smoking. In addition in some cases recalling painful experiences was an obstacle to interviews. The interviews were conducted in several stages for convenience and satisfaction of participants and smoking was permitted during the interviews.

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